



Art of Family Medicine

Old oak tree

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Have a seat, Doctor," she urged, indicating her bedside walker. "You look so tired."

This was my 90-year-old patient with 3 different cancers, who was admitted to hospital after having fallen. I had seen her that morning, and when I mentioned to my younger associate as we left the office that I was going back to see her, he asked, "Oh, do you get paid for that?"

I remember thinking, "What's that got to do with it?" When results need to be assessed and family members spoken with, that's just part of the job.

But I felt a jolt at my patient's words. What was wrong with this picture? Did I really look that tired? Once she brought my attention to it, I realized that I did feel exhausted. I also felt a bit annoyed. Why should I be so tired? I ate a healthy diet, slept well, tried to get some exercise, didn't smoke, and drank minimal alcohol. "Well," I thought, "a restful weekend will fix that."

It didn't.

And neither did subsequent weekends. My office associate started working less in the office and more in the walk-in clinic, leaving me with a heavier load. Over the months more patients commented on how fatigued I looked. Then my office associate moved away, for family reasons, leaving me alone with a large practice. For the first time in 32 years, I couldn't face the idea of looking for a new partner. But I tried, to no avail.

The workload increased.

Like many of my generation, I was getting up early to do referral letters remotely from home, going in to the hospital, then to the office, then doing nursing home and home visits at the end of the day. Spending part of each weekend doing forms for patients. No locums available. Holidays consisting of taking an extra day or 2 on a long weekend if I could get someone to look after my inpatients. Committees. Pressure to do more. Feeling like a dinosaur as I struggled with things like uploading care plans from my office EMR to the hospital EMR. Thinking what a flimsy thing a care plan is anyway, so subject to the whims of chance, family pressures, changes of mind, and changes in policy.

Eventually I started thinking about closing my practice and doing locums or looking at other options. When the opportunity came along to work in a salaried position, I took it, after much soul-searching. The process of closing my practice began.

First letting my colleagues know. I remember the wave of anxiety as I stood in the physician's mail room at the hospital, box of letters in my arms, realizing that this was it, there was no going back now. Letting my employees know. Then letting my patients know. Then the tears, flowers, cards, protests, and, for the most part, understanding as my patients started receiving the letters. Standing in my office at lunchtime saying to my medical office assistant, "This place is like a funeral parlour." Finding physicians willing to take on some of my patients. Sorting out all the details of storing paper and electronic records, with a sardonic chuckle at the realization that I will be 76 when the bulk of the 65 boxes of charts can be shredded. Will I even remember where they are? I'm sure the EMRs we use now will be totally obsolete by then, and I will certainly not remember how to access them.

The month of cleaning out my office space was easy compared with the feelings that kept flooding in. Guilt over leaving my patients and guilt over deserting my family practice colleagues in difficult times. Loss of that extended family I had tried to serve well over the course of 19 years. Loss of the role that defined such a big part of my life for 32 years. Feelings of abandonment by the younger generation of family physicians: after all my years of teaching, was there not one of those many students who would join me? My patients' feelings that I had abandoned them. My fears that I would regret my decision and either not enjoy my new role or not be good enough in that role.

Most days it's okay now, even quite good. There's a lot to be said for not having to run a business, for salaried work and being able to take holidays. I miss my patients, but when I see them in the community we have a hug and chat, or a hello in passing, and it's fine.



Old oak tree
On my grandfather's farm
So strong and solid
A landmark for our wanderings
Through summer fields.
We rested in your shade
Your branches held us
You heard our stories without judgment.

And then the day
After the storm
In shock and disbelief
We found you down, broken
Your branches no longer
Holding up the sky.

The chain saws came
They took you away in pieces
But there was talk
Of some good wood.

In my father's workshop
Shavings and sawdust
Sandpaper and oil
Something new taking shape from the old.

A solid oak table
To gather around
The flaws and imperfections
Of your gleaming grain
Tell the tale of the years
The storms and the droughts
The character and depth
And vulnerability.

Dr Powell is a family physician in Prince George, BC.

Competing interests

None declared